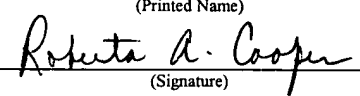


23026 U.S. PTO
032904

Atty. Dkt. No. 048679-0157

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Daniel J. Lipscomb et al.
Title: SPIGOT
Appl. No.: Unknown
Filing Date: Herewith
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
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22387 U.S. PTO
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032904

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Daniel J. Lipscomb
963 Water Street
Prairie du Sac, WI 53578

Alexander P. Kobryn
408 Lueders Road
Sauk City, WI 53583

Enclosed are:

- [X] Specification, Claim(s), and Abstract (15 pages including cover sheet).
- [X] Formal drawings (3 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10).

☒ Declaration and Power of Attorney (5 pages).

☒ Application Data Sheet (37 CFR 1.76) (4 pages).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	30	-	20	=	10	x	\$18.00	=	\$180.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$950.00
<input type="checkbox"/>							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$950.00

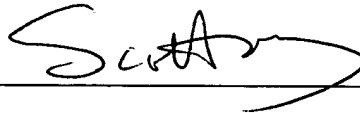
☒ Check number 13853 in the amount of \$950.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3/29/04

By 

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